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**\*\* CONTINUING DATA \*\*\*\*\***

NINE, M.E.

**\*\* FOREIGN APPLICATIONS \*\*\*\*\***

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**IF REQUIRED, FOREIGN FILING LICENSE GRANTED****\*\* 08/22/2001**

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35 USC 119 (a-d) conditions met <input checked="" type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance				
Verified and Acknowledged	<i>M. Shafiqul Alam Elahi M.E.</i> Examiner's Signature Initials			

**ADDRESS**

22429

**TITLE**

Service delivery method and system

<b>FILING FEE RECEIVED</b> 906	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees
		<input type="checkbox"/> 1.16 Fees ( Filing )
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